Harnett County Department of Public Health **Operation Permit** PERMIT # EH 2107-0016 □ New Installation 🗷 Septic Tank □ Nitrification Line 🗷 Repair □ Expansion PROPERTY LOCATION: 2045 CHALDEATE SPINNES TO (ST. 1441) SUBDIVISION LOT # EARL MAY MCLESY Name: (owner) JAY ADCOCK (ADCCCK TESCAVATURE) System Installer: Basement with plumbing: Garage Number of Bedrooms Type of Water Supply:

Community Public Well Distance from well ____ System Type: Ext conventioned course II a Types V and VI Systems expire in 5 years. Owner must contact Health Department 6 months prior to expiration for permit renewal. (In accordance with Table V a) This system has been installed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. CHALIBRATE SCRINGS ND. (5-1441) cm Port BREKEILLESS UNSITE PERMIT CONDITIONS: System shall perform in accordance with Rule .1961. 1. Performance: As required by Rule 1961

| 1. | monitoring. | As required by huic .1701. | | | | 1 | | |
|-------|-------------------|----------------------------------------------|------------------------------------------|-----------------------------------|-----------------|--------------|-------------|---------|
| II. | Maintenance: | As required by Rule .1961. C |)ther: | | | | | |
| | | Subsurface system operator required? Yes No | | | | | | |
| | | If yes, see attached sheet for | | | and reporting. | | | |
| ٧. | Operation: | | 10-00-00-00-00-00-00-00-00-00-00-00-00-0 | - NAMES - DAY OF STREET OF STREET | | | | |
| Ι. | Other: | | | | | | | • |
| | | D-Box 🗆 | Pump | | Alarm \square | H20Line | e 🗆 | PWR Lin |
| Follo | wing are the spec | ifications for the sewage dispos | al system on the abov | e captioned property. | | | | |
| | | Conventional Other _ | | | Septic Tank: _ | 1000 gallons | Pump Tank: | gallons |
| | ırface | No. of | exact length | | width of | , | depth of | |
| | nage Field | ditches 3 [Ext] | | EXT feet | ditches | EXT feet | ditches EXI | inches |
| | | | inear feet | | | | | |
| | | 4 | | | | | 1 1 | |
| Auth | norized State A | gent | UM | Mar | | DateOE | 5/25/2021 | |
| | | | | | | | | |
| | | | | | | | | |